



## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## ORTHODONTIC BRACKET

the applic	ation of which					
· 这	is attached hereto  tate that I have reviewed and sendment specifically referred to		International Applica No.  ents of the above identical	ntion Number	ded on olicable).	(Confirmation
•	• •					
continuati	ledge the duty to disclose i ion-in-part application(s), mate al or PCT international filing d	rial information wh	ich became available			
or plant than the lipatent, in	claim foreign priority benefits or precder's rights certificate(s), o United States of America, listo ventor's or plant breeder's right on which priority is claimed.	r 365(a) of any PC ed below and have o	T international applica also identified below, i	tion(s) which design by checking the be	gnated at least ex, any foreign	one country other application(s) for
		_			Priority Claimed	
Prior	Foreign Application Number(s)	Country	Farei	gn Filing Dute	Yes	No
	P.2001-55644	Japan	Febr	шту 28, 2001	×	
I hereby a	claim domestic priority benefit	s under 35 United St	tates Code \$120 of any	United States ann	lication(s) 811	(e) of any Unite

I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(e) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)

U.S. or International Filing Date

Status

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.



PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.





NAME OF SOLE OR FIRST INVI	ENTOR:								
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Given Name (first and middle [if any])	Family Name or Surname								
Inventor's Signature	Date								
Rosidence: City	State	Country		Citizenship					
Mailing Address:									
City	State	Zip		Country					
NAME OF THIRD INVENTOR:									
Given Name (first and middle [if any])  Family Name or Surname									
Inventor's Signature			Date						
Residence: City	State	Country		Citizenship					
Mailing Address:	·								
City	State	Zip		Country					
NAME OF FOURTH INVENTOR	:		•						
Given Name , (first and middle [if any])	Family Name or Surname								
Inventor's Signature	·		Date						
Residence: City	State	Country		Citizenship					
Mailing Address:									
City	State	Zip		Country					
NAME OF FIFTH INVENTOR:									
Given Name (first and middle [if any])	Family Name or Surname								
Inventor's Signature	Date								
Residence: City	State	Country		Citizenship					
Mailing Address:									
City	State	Zip		Country					